

# CLAIMS ONLY BEST AVAILABLE COPY

Application Number

10/673,502

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			1			
22				1		
23				2		
24				1		
25				2		
26				1		
27				1		
28				1		
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total indep	2		1			
Total depend			9			
Total claims			10			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total indep						
Total depend						
Total Claims						